

→ INSERT DISTRICT LETTERHEAD ←
Letter to Notify Household of Incomplete Verification

Dear Parent or Guardian:

The verification information you provided is not acceptable and/or is not complete. The information that is missing is checked off below:

- ☐ Social security number of all adult household members was not provided.

Name of Adult SS#

- ☐ Proof of income has not been provided for all sources listed on the application.

Name of Adult

- ☐ Proof of income submitted is not current.
- ☐ W-2 statement is not acceptable as current proof of income.
- ☐ An income tax return is not acceptable as current proof of income, unless you are self-employed.
- ☐ The pay stub submitted for _____ does not
Household Member's Name
indicate frequency of payment. Please check below how often payment is received and return this form to your child's school.

- ☐ Weekly ☐ Every two weeks ☐ Twice a Month ☐ Monthly

- ☐ Other: _____

The above information must be provided by _____. Failure to provide the
Date
required information will result in your child's benefits being terminated. If you have any
questions, you may call _____ at _____.
Verifying Official Phone #

Sincerely,

Name

Title

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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